

COVER PAGE

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APR - 1 2008

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME
DIRINGER	KARLA	M	GOVERNOR'S OFFICE LEGAL AFFAIRS (916) 445-4541
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
STATE CAPITOL	SACRAMENTO	CA	95814
OPTIONAL FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

OFFICE OF THE GOVERNOR

Division, Board, District, if applicable:

APPOINTMENTS UNIT

Your Position:

DEPUTY APPOINTMENTS SECRETARY

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☒ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

04/01/08

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Karla Dvinger

NAME OF BUSINESS ENTITY
STARBUCKS CORP

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock
☐ Other (Describe)

IF APPLICABLE, LIST DATE
~~01/01/07~~ ~~01/01/07~~
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)

IF APPLICABLE, LIST DATE
 / / 07 / / 07
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
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☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
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NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE
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☐ Other (Describe)

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NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)

IF APPLICABLE, LIST DATE
 / / 07 / / 07
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NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)

IF APPLICABLE, LIST DATE
 / / 07 / / 07
 ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

KARLA DIRINGER

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

STATE OF CALIFORNIA

ADDRESS

STATE CAPITOL SAC 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**GOVERNMENT
DEPUTY APPOINTMENTS SECRETARY**

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

SACRAMENTO REGIONAL TRANSIT

ADDRESS

2700 ACADEMY WAY SAC 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

TRANSPORTATION

YOUR BUSINESS POSITION

SUPERVISOR/TRAINER

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOAN RECEIVED

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER:

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____